

CHAPTER 3

CULTURAL DIVERSITY

Cultural Diversity

- Diverse groups in society
- Racial classification and national origin
- Religious affiliation
- Languages
- Physical size, gender, sexual orientation, age, disability
- Socioeconomic status, occupational status
- Geographic location
- Culture

Culture

- Shared system of beliefs, values, behavioral expectations
- Provides social structure for daily living
- Defines roles and interactions with others
- Learned by each new generation – formal and informal primarily transmitted by language
- Evolve over time by remain consistint

- Large group of people who are members of a larger cultural group
- Have certain ethnic, occupational, or physical characteristics not common to the larger culture

Groups in Society

- Dominant group (largest group)
 - ▣ Group has the most authority to control values and sanctions
- Minority group (smaller group)
 - ▣ A physical or cultural characteristic identifies the people as different

Cultural Definitions

- Cultural assimilation (acculturation)
 - ▣ Minorities living within a dominant group lose the characteristics that made them different
- Culture shock
 - ▣ The feelings a person experiences when placed in a different culture



Ethnicity

- Sense of identification with a collective cultural group
- Largely based on group's common heritage

Race

- Typically based on specific characteristics
 - ▣ Skin pigmentation, body stature, facial features, hair texture
- Three major races: Caucasian, Negroid, Mongoloid

Stereotyping

- One assumes that all members of a culture or ethnic group act alike
- Ethnocentrism- Believing that ones own beliefs are superior or preferred over another.

Identifying Prejudices: the First Step to Eliminating Them



Cultural Terminology

- Cultural imposition
 - ▣ Belief that everyone should conform to the majority belief system
- Cultural blindness
 - ▣ Ignores differences and proceeds as if they did not exist

Culture Conflict



- People become aware of differences and feel threatened
- Response: ridiculing beliefs and traditions of others to make themselves feel more secure

Ethnocentrism



- Belief that one's ideas, beliefs, and practice are the best or superior

Culturally Competent Care

- Physiological characteristics
 - ▣ keloids – darker skin, lactose intolerance- Asians, sickle cell anemia African or Mediterranean origin.
- Psychological characteristics
 - ▣ – often very different from what the nurse perceives
- Reactions to pain
 - ▣ often varied- do not judge
- Mental health
 - ▣ - Hispanics prefer family, Chinese consider it a stigma, Puerto Ricans may have ataques (seizure like activity)

Culturally Competent Care

- Gender roles
 - ▣ know the dominant family member. In many cultures it is men, African American and Caucasian often it is the women.
- Language and communication
 - ▣ Qualified medical interpreters,
 - ▣ Eye contact- Ok in Americans, impolite or aggressive if asian, native Americans, Arabs Appalachians.
 - ▣ Native Americans & Hispanics may look downward
 - ▣ Arab women and Hasidic Jewish men avoid eye contact with opposite sex.

Culturally Competent Care

- Orientation to space and time
 - ▣ Personal space Arabic and African sit and stand close. Asian and European more comfortable with space.
- Food and nutrition- Many Many Many cultural differences
 - ▣ Rice Asians, Pasta Italians, Hispanics beans and tortillas, Puerto Ricans balance of hot, cold and cool foods spiciness.
 - ▣ Some foods inedible- French don't eat corn, Jewish, Muslim, Seventh Day Adventist don't eat pork.

Culturally Competent Care

- Family support- Many with large extended families, respect for elders. Should include key people in planning care if OK with patient.
- Socioeconomic factors-
 - ▣ Feelings of despair, Day-to-day attitude toward life, Unemployment and need for financial or government aid, Unstable family structure, Decline in self-respect and retreat from community involvement

Culturally Sensitive Nursing Care—Patient in Pain

- Recognize each person holds various beliefs about pain
- Respect the patient's right to respond to pain in his own fashion
- Never stereotype a patient's responses to pain based on his culture

Culturally Competent Nursing Care

- Care must be sensitive to needs of individuals, families, or groups from diverse cultures
- The healthcare system is a culture with customs, rules, values, and a language of its own
- Nursing is the largest subculture of the healthcare system

Factors That Affect Culturally Diverse Interactions

- Cultural background of each participant
- Expectations and beliefs of each person about healthcare
- Cultural context of the encounter
- Degree of agreement between the sets of beliefs and values of the two persons

African American

- Primary language English, but many speak Spanish, French and Creole.
- Family organization is largely matriarchal.
- Elders are respected and contribute to childrearing.
- Health is seen as a gift from God. Illness may be an act from God. May use folk remedies.
- May require special skin and hair considerations

- Grief is openly displayed and accepted.
- Basic mistrust in the health-care system.

Common Illnesses

- Hypertension
- Cancer
- Stroke
- Diabetes
- Kidney and liver diseases

Asian

- Language specific to the countries of origin and one country may have different dialects.
- Communication is done in quiet tones, loudness is disrespectful.
- Extended families common. Children must show respect to elders.
- Eastern medicine is more dominant: meditation, acupuncture, and herbs.
- Health Problems
 - ▣ TB, Communicable diseases, malnutrition, mental illness, lactose enzyme deficiency, suicide
- Do not complain, may give answers they think HCP wants, May move from MD to MD

Hispanic

- Large extended family headed by the man.
- Children are valued and cared for by all.
- Elders are respected.
- Religion strong force, majority are Catholic.
- Illness is believed to be caused by internal and external balances between “hot” and “cold” temperatures, and the “evil eye”
- Healthcare may be provided the both the native healer Curanderos/Lurandua and a doctor.
- Common Illnesses
 - DM, poor nutrition, poor medical care, poor prenatal care, lactose enzyme deficiency.
- May need special diet if believes in hot/cold

Native Americans

- Families have strong bonds
- Organized along matriarchal roles.
- Communicate in moderate tones. Note taking is an insult. Do not ask questions.
- Direct eye contact unacceptable even among friends.
- No touching among strangers.
- Health is seen as harmony with nature and the universe.
- Shamans (medicine men) heavily used.
- Common health Problems-
 - Alcoholism, suicide, TB, malnutrition, Communicable diseases, DM, Hypertension gallbladder disease

Guidelines for Providing Culturally Competent Nursing Care

- Develop cultural self-awareness
- Develop cultural knowledge
- Accommodate cultural practices in healthcare
- Respect culturally based family roles
- Avoid mandating change
- Seek cultural assistance

Transcultural Nursing

Madeline Lenninger

- A way of viewing patients as belonging to one world with many cultures.
- It was developed to increase patient satisfaction, promote early recovery from disease, or support a meaningful death experience.

